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The Canada Medical Record

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Original Communications.

NOTE ON THE SUBSTITUTION OF OXIDE OF ZINC FOR LEAD IN PAINTS.

By J. LESLIE FOLEY, M.D., L.C.R.P. (London), Boston.

In the treatment of a disease the removal of the cause is the hegemony of all physicians. Once the feat is accomplished the malady, for the most part, receives its quietus, the ice-bergs and shoals, the polar-sea-like uncertainty and difficulty encountered, pass away; one navigates his patient into the clear channel of a favorable termination, and all else is plain sailing. But, often unhappily, the vessel of the body becomes shipwrecked against some unforeseen glacier, ere the cause is discovered and removed. The shots which the physician fires from that double-barrelled gun, the armamentariam of the Pharmacopœia, fall short of their aim; the enemy, wily, dread disease escapes, and the patient is killed—by the disease of course. The older one grows in the Practice of Médicine the smaller ones Pharmacopœia becomes and the more one leans on Physiology and Hygiene. Perhaps in the dim future the science of Etiology will have become so exact, the causes so promptly recognized, removed and effectively treated that the many headed monster yclept Disease, will be relegated to the limbo of the past, and its many quivered poisonous arrows, bereft of their sting. A Medical Millennium will, so to speak, obtain. However, this happy state of affairs is not yet, but a very long way off. We may have faint glimmerings of it, may hear its distant echo as it were "a voice in the rich dawn of an ampler day." I do not mean to infer that eliminating lead from paints is going to bring this dream Elysian about, but, certainly, it will be one link less (though infinitessimally small) in the great chain of Etiological factors that go to make up disease.

It is hardly necessary to say that lead enters largely into the composition of paints. Principally, as white lead, the carbonate and the oxychloride. As is well known, lead is productive of many affections. Painters may put their hands to their face and block up its sebaceous glands with lead leading to a lead acne, or they may touch their mouth, while eating, and lead may be absorbed into the system, and set up a lead cachexia (lead paralysis, drop wrist, colic, peripheral neurites, &c.) The occupants of a newly-painted house may be poisoned by the absorption of lead. Again the fair sex, wishing to make themselves fairer, resort to painting their faces, and start an acne, or induce a lead paralysis. Painters

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of all ilks are liable to the pernicious influence of lead, while led by the inspiration of their art, or the engagements of their occupations. How are we to obviate this? We may open our prescription book (infallible cloak for one's ignorance) and write out a formula for iodide of potassium, and, as we dry the nib on our pen-wiper, triumphantly say, there is the solution of the lead question. It certainly will render lead more soluble and eliminate it from the economy. But how much better never to let it enter in. This can readily be done (at least in the case of Paint Saturnism) by substituting oxide of zinc in their fabrication. The fact that oxide of zinc can be used instead of lead, although known to the profession, is not as well known as it deserves to be; and seems to me, to be more worthy of emphasis. As sanitarians, we inveigh against arsenical poisoning induced by wall-papers, &c., and quickly detect and reject the offending evil. Why are we not equally alive to the deliteriousness of lead poisoning harbored in paints. One of the largest dealers in paints in Boston has used oxide of zinc in place of lead and the result has been entirely satisfactory. Without wearying you with the relation of dry statistics and the tedious recital of cases, suffice it to say, that oxide of zinc is free from the poisonous effects of lead. It is cheaper; lasts longer; oxidizes quicker and mixes equally as well. A wholesome tang. With these healthy facts staring us in the face. Let the wholesome replace the unhealthy. Let us dethrone King Lead from the Kingdom of Paintdom, over which he has tyrannized so long, let us depose the tyrant, and let oxide of zinc reign in his stead. The pale-yellow color, so commonly seen in painters, the colic, drop wrist, constipation and other connoters of saturnine poisoning, will disappear; and the more rosy hue of the workers, and exuberant spirits, which are ever the accompaniments of health, will eloquently acclaim, the new regime.

The following inferences may be accentuated: (1) That lead is a prolific factor in disease, (2) that its removal from paints is praiseworthy, (3) that oxide of zinc is a desirable substitute.

Correspondence.

Editor CANADA MEDICAL RECORD.

DEAR SIR,—

I would like you to insert the following experience I have lately had as it may be of interest to some of your readers.

I was attending a gentleman for tonsilitis, employing my favorite treatment of chlorate of potash and aconite, and under which he was progressing favorably, when one day on reading one of the six medical journals I receive, I noticed a lecture by Sir Morrell Mackenzie on tonsilitis, in which he strongly recommended guiacum lozenges. I procured some and gave them to my patient with immediate relief to the soreness on swallowing.

A wealthy relative who called to see him saying that her own throat was sore received a half dozen of his lozenges to try, and she found them so satisfactory that she sent a long distance to get the prescription for them, which my patient could neither give her nor procure for her from the druggist. The result being that the said wealthy lady will have to come to me if she wants those lozenges.

This incident proves two things: That it pays to take several medical journals; and second, that for a young doctor at least, it is better not to give prescriptions.

This reminds me of a similar occurrence: A doctor noticed that a young female relative was very ill with anaemia and gave her a prescription to get a hundred Blund's pills. The effect was almost magical; so much so that some twenty or thirty of her lady friends suffering from the same symptoms obtained the prescription from her and were also cured. The only reward my

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friend, the doctor, got was the knowledge of having done much good, but as he is poor and all these young ladies were comparatively wealthy, he thought it was hard that he should have received not even a thank you from any of them. Hoping that I have not tresspassed too much on your space and wishing the RECORD success, as it is one of the best journals I take,

I remain yours truly,

K.

Society Proceedings

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, November 30th, 1888.

WM. GARDNER, M.D., PRESIDENT, IN THE CHAIR.

A New Adenomatome.—Dr. Geo. Major exhibited a new form of adenomatome recently devised by him.

Dr. Potts was elected a member of the Society.

Arsenical Pigmentation. — Dr. Lapthorn Smith exhibited a case of chronic arsenical poisoning, resulting from the taking, in all, of less than an ounce of Fowler's solution in doses of five minims three times a day gradually increased to ten minims. As the patient now presented all the symptoms of Addison's disease, the bronzing of the skin being very marked, she might easily be taken for such a case if it were not known that she had been taking arsenic. As only one case of arsenical pigmentation had been shown to the Society during several years, the last being by Dr. R. L. MacDonnell, he thought that it might be of interest to any of the members who had not already seen it. The arsenic had been administered for pustular acne, which it had rapidly cured.

Thromboscd Vein from Abscess in right Thigh.—Dr. Lafleur exhibited the specimen and gave the following history:—The patient, a man about 30 years of age, had developed a phlebitis in the right thigh during an attack of typhoid fever. During convalescence a swelling was noticed about the middle of the inner side of the right thigh, which gradually increased in size and was accompanied by a rise of temperature. On incising this, a quantity of pus and blood-clot escaped, and with these a tough, greyish cylindrical body six inches long and about six lines in diameter at its thickest end, tapering slightly to the other extremity. A small piece one inch in length, having the same appearance, was also observed. On examination, these were found to be necrosed pieces of a thrombosed vein, probably the internal saphena vein, in the course of which the abscess lay. The original phlebitis had been followed by suppuration about the vein, and the thrombosed portion had become necrosed and had come away with the contents of the abscess.

Abdominal Cancer.—Dr. Lafleur also exhibited specimens from a case of cancer of the stomach, involving the head of the pancreas, with formation of a pancreatic fistula. The new growth was limited to the lower and anterior portion of the wall of the stomach half an inch from the pyloric. In this situation there was a large cancerous ulcer one and a half inches in diameter and one inch in depth, with firm, raised edges and a dirty, greenish-grey sloughy base. On dissecting out the pancreatic duct, which was very tortuous, an opening was found in it on the floor of the ulcer about two and a half inches from its intestinal end. The pancreas in this situation was very much infiltrated with cancerous material. The liver contained numerous metastatic nodules of a pinkish-grey color, with yellow centres, showing marked umbilication. The glands in the transverse fissure of the liver were enlarged and infiltrated. On slitting up the bile duct no obstruction was found as far as the junction of the right and left hepatic ducts. The gall-bladder was moderately distended with clear bile, which could easily be expressed through the bile papilla. There was extension of the cancerous growth locally both in the peritoneum and in the right pleural sac. Microscopically the growth consisted of an imperfectly-developed tubular structure resembling gastric follicles and lined with cuboidal and round epithelial cells. Between the imperfect tubules there was also a growth of epithelium with a scanty stroma. An interesting feature in the case was the presence of sugar in the urine for some weeks previous to death.

Excision of the Elbow.—Dr. Roddick presented specimens of diseased bone removed by excision of the elbow-joint. The patient, a farmer, of about 40 years of age, came to the hospital with an abscess in front of the elbow-joint, which was opened by the house-surgeon. The first sign of disease was noticed about three months before coming to hospital. When examined by Dr. Roddick the joint was found to be involved and the articular surfaces of the bones diseased. He then decided on excision. The joint was dressed with antiseptic precautions and bone-drains employed. Recovery was rapid and complete.

Foreign Body in the Bladder.—Dr. Roddick exhibited a piece of a black gum-elastic catheter removed from the bladder of an old gentleman by the lithotrite. The fragment was about four

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inches long, and was brought away complete, although very friable. Dr. R. stated that he fortunate enough at the second attempt to grasp the fragment almost exactly at one end and it was easily withdrawn.

Dr. Hingston had removed foreign bodies from the bladder four or five times. Twice a piece of catheter and once a lead pencil in the case of a boy of 12 years. The accident of breaking a catheter in the urethra is always a serious one, and not always easily guarded against when patients catheterize themselves. He related a case where a new bougie had broken and a piece remained in the bladder when used by a physician; after removal the piece was very friable and coated with phosphates. The lithotrite is the best instrument to use in these cases, especially Biglow's form, as it affords a good grip and is not so likely to cut the substance of the catheter.

Dr. Perrigo had two cases, one of a broken catheter removed by Dr. Hingston and one case of a hairpin in the bladder of a woman. The latter had been in some time, for when removed it was thickly coated with phosphates.

A Strange Case in Gynæcology.—Dr. Lapthorn Smith related the following case:—

I was sent for early in the morning of the 1st of October to attend Miss T., who, I was informed, was in great pain from inability to pass her water. I found a pale, rather stout, and short girl, a little over 15 years of age, evidently in great suffering, which I speedily but with some difficulty relieved by using the catheter. There was profuse leucorrhœa, and on attempting to ascertain the cause of the retention by digital examination I was prevented from doing so by the smallness of the opening in the hymen, which I did not feel justified at that time in rupturing. On inquiry I ascertained that she had always enjoyed good health until a few weeks previously, when she came to the city from the country for the purpose of finishing her education, and at which time she had a similar attack of retention of urine. She had menstruated regularly and freely both before and since her arrival in the city, and the flow was accompanied with some pain, but the stoppage of her water on either occasion did not seem to have any connection with her periods. As she was studying more than he health could safely bear, and as she had become very nervous, I advised her to leave off some of her classes and prescribed some nervous sedatives, thinking that the bladder trouble might be merely a sympathetic affection, due to overwork. I heard no more of her until the 12th October, when I was again sent for to draw off her water, of which I took away a large quantity, very pale in color, and with complete relief. Being sent for again eighteen days later I was unable to introduce the soft rubber catheter which I had used before, and was obliged to have recourse to the silver female catheter, which was introduced with great difficulty, and which, though six inches long, barely sufficed to reach to the bladder. The leucorrhœal discharge had now become fœtid and somewhat darker, and I felt convinced that there must be something pushing the bladder up out of the pelvis and pressing on the urethra, and I therefore sent for her mother, whom I intended to come with her daughter to my office for an examination of the latter. By gentle and persistent pressure I succeeded in getting my finger through the hymen, but further progress was immediately arrested by a tense sac almost solid in consistence which completely filled the lumen of the pelvis, and which barely left room for the finger to be squeezed through between it and the symphysis of the pubis. On making a rectal examination, the finger did not go backwards along the hollow of the sacrum, but was carried forward and to the patient's right towards the symphysis of the pubis. Neither by vaginal, rectal, nor even bimanual examination could the uterus be felt, although by the latter method the tumor could be very d stinctly felt projecting at least an inch above the crest of the pubis. By this time the patient had begun to suffer very considerably from constant pressure symptoms on the bowel and bladder, and these combined with the excessive fœtor of the discharge, which was becoming slightly colored and containing flocculi or grumes warranted me in thinking the case a serious one and in requesting the opinion of my distinguished elder brethren, Drs. Trenholme and Gardner, which they very kindly granted. Dr. Trenholme agreed with me in finding the pelvis full, but was unable to throw any further light on the question of its nature. He recommended early operation. Dr. Gardner was also good enough to examine her at his office, but deferred his opinion until he should have had an opportunity of examining her under an anæsthetic, for which he requested me to make arrangements at her home. On the afternoon of the 10th November she was anæsthetized with a mixture of two of chloroform and three of ether, not having the one of alcohol which should have been in it, and which, I regret to say in my hurry of leaving my home, I omitted to add. The digital, vaginal and rectal examinations did not throw much new light on the case, so Dr. Gardner aspirated a small quantity of sanious liquor by plunging a fine needle into the centre of the growth or accumulation. On removing the needle he, without any difficulty, made an opening in the retention wall with his finger, so thin was it at this point, directly opposite the hymen. A lot of friable, cheesy material mixed with blood oozed through, and after a brief consultation I quite concurred in his proceeding to empty the cavity. This was done partly with the finger, and when that was no longer able to reach high enough,

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he used a blunt scoop to remove a lot more. There was a good deal of hemorrhage, which was for the moment controlled by a douche of hot water containing a little Condy's fluid. On introducing the finger now it passed through a hard fibrous ring which led into a large cavity from which most of the contents had been scooped out. Stretching across this cavity many fibrous bands or trabeculæ could be felt. The feeling of the hard ring reminded one forcibly of the rigid os of a woman of 40 in labor with her first child and well advanced in the first stage. In order to provide for freer drainage Dr. Gardner incised this ring, and as the bleeding was still rather free the cavity was stuffed with two long strips of iodoform gauze. The patient was put to bed and hypodermic injections of beef-tea were given frequently until she had recovered from the shock, and then a hypodermic of Battley was administered to ease the pain of which she complained. The vomiting was very severe, and never ceased during the next four days. Her pulse, however, gradually returned, and in a couple of days it had come down to 120. Nourishment was given per rectum, and was well retained for several days, after which the bowel rebelled and ejected what was put into it. She passed water freely and painlessly after the operation, and she had several natural motions. On the 12th Dr. Gardner met me again and we removed the iodoform gauze tampon without any return of the bleeding, and a double drainage-tube with a cross piece in one of them for the purpose of retaining it was introduced into the cavity, which was by this means regularly washed out every four hours with hot water and Condy's fluid. All went well for a couple of days longer, till the 14th November, when the tubes came out and could be re-introduced only a very short distance owing, apparently, to the cavity having either filled up or contracted. On the 11th, 13th and 14th the temperature had been subnormal, 97° to 98°, except on the 12th, when it reached 100° before the tampons were removed, and on the 15th, when it began to rise, reaching 102° on the evening of that day. The fœtor, which had been entirely absent since the operation, then returned, although the free irrigation had been constantly kept up. Early on the morning of the 15th she began to complain of severe pain at the bottom of the belly, which had all through been flaccid and free from tenderness, but more especially she suffered from a bearing-down pain in the rectum, which she attributed to the pressure of the drainage tubes, which I therefore removed on the evening of the 15th. As the pain continued to increase, and her recovery was decided to be hopeless, I gave her a hypodermic of Battley solution, and repeated it from time to time until her death, which took place early on the 16th November, six and a half days after the operation.

To resume: (1) She had always been remarkably healthy as a child, and the functions of puberty had been established without any apparent disorder. (2) She felt perfectly well until the retention of urine occurring at the middle of September. (3) Shortly after the retention a profuse discharge began containing specks of cheesy matter and which soon became fœtid. (4) Menstruation continued normal in quantity and quality and without pain. (5) The symptoms of pressure on the bladder and rectum became so urgent as to require intervention of a permanent nature. (6) An exploratory aspiration was made to determine the nature of the mass which was found to fill the pelvis, but without any intention at that time of operating for its removal; but on finding the contents semi-liquid we deemed it advisable to avail ourselves of the anæsthesia to empty the sac and drain it. (7) Being an anæmic girl the unavoidable hemorrhage was sufficient to cause collapse, from which she slowly rallied. (8) Peritonitis set in (without pyrexia or swelling of the abdomen) owing to the impossibility of obtaining perfect asepsis. (9) The bowels were moved freely for several days after the operation, and after that the saline treatment was not possible owing to the uncontrollable vomiting, for which were tried ice, iced water, iced champagne, iced soda water, hot water and hot tea, the latter being the first thing which was retained, on the fifth day, when the vomiting ceased, and when she rallied somewhat. (10) The temperature was subnormal all the time, except the third and fifth days, when it rose to 100° and 102° respectively; on the sixth and seventh days it was subnormal again. (11) She passed water freely after the operation.

The above are the facts of the case, and I regret that I am unable to prove the result by a post-mortem examination, which I repeatedly endeavored to obtain, but which the dying girl begged her relatives not to allow, as her last request.

I have called this an obscure case of gynæcology, for the reason that the pathologist of the Society, on his first examining the specimens submitted to me, did not discover any sarcoma cells, so that in their absence the most likely conclusion to which Dr. Gardner and I were at first compelled to come was that we were dealing with a case of double uterus and vagina, one side of which had formed a large retention cyst, the contents of which had become purulent by the admission of air through a small fistulous opening, from which, also, a small quantity of the contents had exuded into the open vagina, thus giving rise to a fœtid discharge. When we felt the fibrous bands stretching across the cavity, and when we saw the free hemorrhage following the breaking up of the contents, we were inclined to think that we were dealing with a sarcoma. Moreover, if it had been a case

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of retained menstrual fluid, the contents would have been tarry, and not organized; as I believe there is no case on record of retained menstrual fluid ever becoming organized to the slightest extent. On the other hand, this hard fibrous ring reminded one forcibly of the open cervix of the hypertrophied uterus; for in all cases of retention, the continual efforts of the organ to expel these abnormal contents result in a real hypertrophy of its muscular walls. The fact that menstruation had been going on regularly for several months was, of course, against retention, and could only be explained by there being a double uterus, one side of which was closed up and full of menstrual fluid, while the other side fulfilled its functions. The uterus itself could not be felt by any form of examination, so that we were quite in the dark as to whether there was one or two, or whether the contents of this cyst were due to retention or to malignant growth. Against the theory of malignant growth was the fact that she had had no pain in the pelvis or abdomen other than what might be reasonably referred to pressure on the bladder. Against the theory of the tumor being due to disease of either the uterus or ovary was the fact that the rectum was carried forwards and to the right until it occupied the small place between the tumor and the right symphysis pubis: and the finger in the rectum could feel on either side a band which seemed to be the rectal fold of the peritoneum which had been lifted forward with the rectum by the growth developing behind it.

Just before the meeting, Dr. Lafleur informed me that he had succeeded in finding some large round sarcoma cells, which, of course, has now made the diagnosis clear; and it is some consolation to know that in view of the very rapid growth which the tumor had made within two or three weeks, that the patient could not have lived in any case more than a few weeks longer. While, on the other hand, the tumor being so firmly wedged into the pelvis, and possibly growing from the posterior part of it, the result of abdominal section would have been instantly fatal. This displacement of the rectum forwards would seem proof positive that the tumor must have grown from the back of it; but Dr. Gardner, in the case which he will report, and of which he has the specimens, obtained from the post-mortem, proves that the retained menstrual fluid cyst, in developing, had pushed the rectum forwards and to the right in precisely the same way.

Discussion. — Dr. Trenholme said that through the courtesy of Dr. Smith he had seen the case some three weeks before death. The girl at that time was in general good health and free from suffering. On examination, found the left and posterior part of cavity of pelvis to about one-third of its surface occupied with a sessile growth, immovably covered by or bound down to the periosteum or walls of the pelvis. The growth bulged into the cavity and filled nearly half the space; was of round, uniform contour, except where it seemed constricted about half an inch below the brim of the pelvis by a dense fibrous band. The growth was non-fluctuating and extended from the lower margin of the pubis and ischium to a slight distance above the brim. Per vaginam, found the uterus high up and pressed to the right side, but quite free and movable. Both per vaginam and rectum, could feel the mass as far as the crowning part of the growth; could not detect fluctuation; was in doubt as to the exact origin of the growth, but he wrote Dr. Smith that he regarded it as a myomata, and that it should be removed at once. These facts lead him to wholly dissent from the conclusion reached by the reader of the paper and Dr. Gardner, that it was a growth due to retained menses in a double uterus. There never had been any menstrual trouble, which was hardly compatible with that view. The mobility of the uterus and its entire separation from the tumor, together with its rapid growth and still more rapid changes during the two weeks between his examination and that of his friend Dr. Gardner, utterly precluded the thought of a double uterus and retained menstruation. In fact, the exhibition of the pathological specimens would alone suffice to convince him (Dr. T.) that such was the case. It was much to be regretted that no post-mortem examination was obtainable. Dr. T. would have operated by laparotomy had the case fallen into his hands, as he expected it would have when first consulted. He much regretted being absent from the operation.

Dr. Gardner reported a case which had been sent to him from Brockville, the symptoms of which had a similar onset to the case of Dr. Smith. He emptied the cavity and irrigated thoroughly, and felt sure that he had saved the patient as she did well until the seventeenth day, when the drainage tubes came out, and, unfortunately, were not replaced for several hours, the result being that her temperature immediately rose, and she died a few days afterwards from peritonitis. He thought at first that this case of Dr. Smith's was one of retained menstruation, but changed his opinion somewhat on perceiving the organized condition of the contents of the cyst, as in the case of his own, to which he had referred, the contents of which were tarry. However, on learning from the pathologist that no cancerous cells could be found, he was forced to the conclusion that this was a case of double uterus with retention, and with malignant degeneration of the lining membrane of the organ. The subsequent report of the pathologist stating that round sarcoma cells had been found had, of course, considerably shaken his opinion.

Dr. Lafleur said that he could not accept Dr

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Smith's view of the case as one of double uterus with retention. He regretted that Dr. Smith had accepted as final the evidence of the first examination, which was hasty and necessarily imperfect from the condition of the specimen. The history of the case and the subsequent microscopic examination of the fragments removed pointed conclusively to a rapidly-growing periosteal sarcoma. The specimen showed large round cells embedded in a granular matrix enclosing large and numerous blood-channels. In places the vessels had ruptured, and their contents were mixed with the sarcomatous tissue. A few spicules of bone were detected. Such sarcomas were very prone to soften and degenerate, producing cavities filled with bloodclot and shreds of the new growth. The firmness and resistance of the outer portion of the growth were due to a secondary inflammatory action, which was a frequent concomitant of rapidly growing tumors.

Dr. Roddick thought it was a sarcoma, and that Dr. Lafleur's explanation was satisfactory. He could not see that there was sufficient evidence to enable one to establish a diagnosis of uterus duplex.

Dr. Hingston said that as Dr. Trenholme had made out a freely movable uterus displaced upwards at an early examination, and had been able to pass his finger between the uterus and the growth, these observations, together with the forward displacement of the rectum, left no reasonable doubt but that Dr. Smith had to deal with a rapidly-growing tumor arising from the bone behind or partially behind the rectum. He could not see how it was possible for a tumor in front of the rectum to displace it to the right and towards the pubis.

Dr. Ruttan said the evidence derived from the nature of the cyst contents was against its being a retained menstrual fluid. Extravasated blood could not be pent up for a prolonged period in such a cavity without its pigment becoming more or less completely changed into methæmoglobin and becoming of a dark or tarry appearance.

Dr. Shepherd said it was evidently a case of sarcoma and not of uterus duplex.

Dr. Wilkins referred to a sarcomatous tumor which had been sent to Dr. Fenwick, where the tumor contents were exactly similar to the specimens shown to-night by Dr. Lafleur. The tumor was the size of a child's head and of very rapid growth. Such tumors are prone to become highly vascular, and the contents to become friable and give rise to very serious hemorrhages.

Dr. Cameron agreed with the previous speakers as to the nature of the disease, and thought that Dr. Trenholme's observations made before the pelvis became blocked by the rapid growth completely negatived the diagnosis of double uterus.

Dr. Smith, in reply, expressed his regret at not having been able to obtain a post-mortem, although he had made many repeated and strenuous efforts to do so. This would, of course, have cleared up the obscurity. Neither was he allowed to resort to abdominal section during life, as the patient felt convinced that nothing could save her, and she wished to die peacefully. He admitted that Dr. Hingston's point was very well taken, as it had struck him at the time of his first examination that it required something behind the rectum to push it forward. If he had known that there were sarcoma cells in the specimen he would not have so much entertained the theory of the double uterus. He was glad, however, that his paper had elicited such general discussion, and he begged to tender his grateful thanks to Drs. Trenholme and Gardner for their kindness in assisting him with this very serious and difficult case.

Stated Meeting, Dec. 14th, 1888.

WM. GARDNER, M.D., PRESIDENT, IN THE CHAIR.

Ovarian Tumor.—Dr. Lafleur exhibited the tumor for Dr. Wm. Gardner. It was multilocular, and contained a large quantity of yellowish, somewhat viscid, fluid which resembled pus. On examination, this was found to be due to extensive fatty degeneration of the cellular elements of the fluid, which were present in great abundance. There was no inflammatory reaction such as would occur in a suppurating cyst. The part of the tumor nearest the pedicle was solid, and on opening the largest cyst was found to be composed of a convex mass of papillary processes, very vascular, and covered with viscid mucus. In places the papillary projection had undergone fatty degeneration. This was particularly marked in some of the smaller cyst cavities. The surface of the tumor presented two patches, each about one inch in diameter, of a greyish-black color, which appeared to be necrosed. There was nothing to account for this change, as far as could be made out. A small piece clipped from the solid part of the tumor showed branching club-shaped papillæ covered with numerous layers of epithelial cells, the uppermost layer being cylindrical in shape.

Abortion at the Fourth Month.—Dr. Alloway exhibited fragments of a fœtus removed from the uterus at the fourth month of gestation. Symptoms of threatened abortion had for some weeks existed. Suddenly the patient had a chill, with rise of temperature, and the operation was performed a few hours afterwards. Under ether the cervix was dilated with Goodell's powerful steel dilator to its full extent (1½ inches), and the contents of the uterus removed in fragments as rapidly as possible and the walls of the uterus curetted. The patient was up about a week afterwards, and has had no more trouble. Dr.

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Alloway spoke of the fatal error so often committed of allowing the first or initial chill to pass by without interference. He held that the employment of antipyretics was largely responsible for this error which had cost society so many valuable lives, and much after-suffering in those it did not kill. He spoke strongly against the use of sponge tents or other kind of gradual dilatation. The method was not consistent with the attainments of scientific surgery of the present day. It could never be carried out as an aseptic procedure, and it was dangerous. Many cases of death have followed the use of tents which should not otherwise have terminated so, and it was not at all uncommon to be followed by severe attacks of pelvic cellulitis and months of anxious invalidism. Dr. Alloway said it was a great mistake to accept the statement of instrument makers that their sponge-tents were aseptically prepared; such statements were as absurd as they were untrue. These men merely sold their wares, and sold them under the auspices best suited to the unwary purchaser. Instrument makers assumed no responsibility, and the surgeon was over-trusting who gave them credit for any such attribute. On the contrary, Dr. Alloway spoke of the almost absolute safety of the use of the carefully kept steel dilator, the vagina being previously rendered aseptic and the operation carried on under irrigation. Of late he said that in such cases, after he was satisfied the uterine cavity had been quite emptied, he filled the cavity with carefully-inserted iodoform gauze, which he removed twenty-four hours afterwards. He spoke highly of his results with this method.

Dr. Armstrong said he preferred using large tents or a number of small ones, as by slow dilatation the os is not so liable to close again before the contents of the uterus are evacuated.

Dr. Gardner preferred Tait's rubber dilator, but also has good results from sponge-tents. He always disinfects the latter by rolling them in iodoform before using. He agreed with Dr. Alloway that in such cases as the one related rapid dilation is to be preferred.

Fibromata of the Os Uteri.—Dr. Alloway also exhibited a small uterine fibroma (size of a walnut) which had originated in the cervical wall, had become pediculated, and hung from the os uteri. It was twisted off with the vusellum. The case was admitted into the Montreal General Hospital suffering from severe metrorrhagia, and pelvic pain. She left hospital a few days after being relieved of the growth. Dr. Alloway spoke of the extreme rarity of fibromata of the cervix, and of the hæmorrhagic endometritis which was maintained by the presence of so small a neoplasm.

Dr. Alloway also exhibited the anterior segment of the cervix uteri, containing, just below the level of the internal os, a small fibroma (size of a horse bean). The parts had been removed by Schröder's method of trachelorraphy. The patient was 40 years of age, had borne one child sixteen years previously, and of late years had suffered from menorrhagia and pelvic pain. Dr. A. also did, at same sitting, an anterior and posterior colporrhaphy on this patient.

Dr. Armstrong had a case of fibroid of the cervix in the Western Hospital. The tumor was the size of an orange, and projected into the vagina. It was easily enucleated, with complete relief from all previous symptoms.

Dr. Gardner said he had only met with one case. The tumor was the size of a hen's egg, with broad attachment, and occurred in a woman of 50 years. The growths were very distressing, and often gave rise to serious complications at parturition when long. He quoted a case in point where, at labor, it was found possible to raise the tumor above the pelvis, and thus allow of the passage of the child. The patient died of hemorrhage.

Dr. Gurd found a tumor the size of a small ball projecting from the os of a woman who consulted him for frequent hemorrhages. He intended operating, but the tumor enucleated itself, and was passed per vaginam.

Stated Meeting, February 23, 1889.

WM. GARDNER, M.D., PRESIDENT, IN THE CHAIR.

Dr. Shepherd exhibited three anomalies found in the dissecting room of McGill College. In the first case the left common carotid instead of coming from the arch of the aorta came from the innominate the middle thyroid being very large and spreading all over the front of the trachea. This would have given trouble in a case of tracheotomy. The second anomaly was one in which the left inferior thyroid was given off from the right side of the neck, being a branch of the right subclavian and passing over the left. In the third the lingual artery was represented by the lingual branch of the superior thyroid, and instead of being found above was situated below the cornu of the hyoid bone.

Dr. Armstrong showed a cancerous liver from a woman whose left breast he had removed two years previously and which had recurred in the axilla. He also exhibited the tubes and ovaries removed from a woman who had long complained, caused by a prolapsed and adherent ovary being pressed upon by a retroflexed uterus. On opening the abdomen, however, the tubes were found diseased, and they were both removed and the patient was doing well. The tubes have a tough elastic feel, and on making a cut across them they are felt to be brittle and somewhat cheesy, he thought they were tubercular.

Dr. Alloway thought they were a case of old pyo-salpinx, of which the pus had been partly absorbed.

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Dr. Gardner also took this view. As this woman had worn pessaries for some time, and as she had had an attack of inflammation after the removal of one, he thought that the wearing of a pessary may have had something to do with the disease; he had seen several such cases. He would call it a case of pacchysalpinx, and as there were adhesions all around the tubes and ovaries the woman had no doubt had several attacks of pelvic peritonitis. She had had no inflammation after her confinement, nor until three months ago when the pessary which she had been wearing was removed.

In connection with this case Dr. Armstrong related a case of a lady who developed puerperal peritonitis on the afternoon of her confinement. The abdomen was opened a few days later and a large amount of pus removed, but she died. At the autopsy a ruptured tube was found, she had been pregnant once before 10 years previous to this confinement. These cases showed the importance of removing diseased tubes, as a woman was never safe as long as they remained.

Dr. Lafleur exhibited a tumor of the thyroid gland consisting of glandular structure surrounded by a capsule.

Dr. Bell stated that it was quite distinct from the thyroid gland, that it occurred in a patient 25 years of age, in whom it caused great dyspnœa—it was covered with large veins which were drawn aside and it was shelled out without requiring any ligatures.

Drs. Shepherd and Roddick acquiesced in the treatment.

Dr. Bell exhibited a sharp exostosis which had developed at the end of the shaft of the femur in an insufficiently covered stump. Also—a large quantity of material resembling vegetations which he had removed from the knee joint of a young man who had had a history of gonorrhæal rheumatism, and who had been laid up for two years with joint affection. His occupation was that of a knife grinder and he had tubercular antecedents. Although Dr. Lafleur and Dr. Bell said that they thought the disease was tubercular, and Dr. Kinloch that the man had exposed himself to great hardships, Drs. Shepherd and Roddick did not believe that there was any proof of its being tubercular; they thought it was merely a case of chronic inflammation of the joints.

Dr. Bell showed an arm which he had removed from a drunkard 65 years old for dry gangrene of the thumb and first finger due to thrombus of the brachial artery. He had a history of inflammation of the thumb and two fingers two years ago, and during the course of a spree a couple of months ago he fell down and hurt his arm at the bend of the elbow. Dr. Roddick and Dr. Shepherd thought the treatment very heroic, although the former admitted that Mr. Hutchison held that the high operation gave the better results, but Dr. Shepherd said that Mr. Hutchison only referred to cases of senile gangrene.

Dr. Kinloch showed a pin with a large bead head and two inches long which had been swallowed by a child 1½ years old, which was passed by rectum two days later, without bad effects.

Dr. Ross read a paper on "Gastric and Duodenal Ulcers."

1st case.—Man 23 years old suffered from indigestion, black stools, vomiting, pallor and weakness, sometimes fainting; constipation, pain shooting up to the shoulder one hour and a half after taking food. There were splashing sounds over the stomach; no tenderness on pressure; never vomited blood, but he had often had blood in his stools, showing that it was duodenal ulcer. The dilation of the stomach was another significant symptom showing that there was obstruction.

2nd case was one of gastric ulcer. This patient had always had a firm conviction that she had swallowed a lizard, owing to there being greater peristaltic action of the intestines. As she was anxious to have the reptile removed, she was handed over to Dr. Bell, who performed an exploratory laparotomy with a possibility of removing some diseased intestine; but a hard tumor was found occupying the lesser curvature of the stomach, near the pylorus. The history of the disease had extended over nine years, during which there had been gastralgia, which is a constant symptom of ulcer of the stomach. Although it was impossible to say decidedly, Dr. Bell thought it was a malignant growth, while Dr. Ross was of the opinion that it was an ulcer with fibroid thickening of the gastric wall, of which he had seen several cases.

3rd case.—Cases of malignant adenoma of the stomach in a patient after suffering from dyspepsia for several years, died jaundiced; cancerous nodules being found on the peritaneal surface of the liver. There was general infiltration of the hall of the stomach with epithelial cells.

Dr. Guerin referred to a case of his own, who was under the impression that she had swallowed black beetles, and Dr. Lapthorn Smith related several cases in his practice in which the peristalsis of the intestine was so exaggerated that they were plainly visible through the abdominal hall, giving the woman in one instance a firm conviction that she was the host of a large snake, which she remembered to have swallowed one day several years previously while drinking from a pond. This patient was extremely anxious to have her abdomen opened in order that the reptile should be removed, which request being refused, she angrily dismissed her physician.

Dr. Roddick thought the operation performed by Dr. Bell was justifiable for two reasons; first, to set the woman's mind at rest; and,

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second, as a means of local depletion.

Dr. Gardner said there was no doubt that exploratory operations were frequently followed by relief, and he related a case in point.

Dr. Lapthorn Smith thought that the relief was sometimes due to the breaking down of adhesions which interfered with the functions of the abdominal viscerae.

Stated Meeting March 8th, 1889.

Dr. Gardner, President, in the Chair.

Drs. Fenwick, Sutherland, Bell and Armstrong showed specimens of renal and vesical calculi.

Dr. Lapthorn Smith exhibited a patient with a hard fibroid tumor, who had been sent to him by the late Dr. Kennedy. The measurements taken by the patient, and verified by himself, showed a diminution of five and a half inches at the largest part of tumor, although the patient had gained in fat both in her limbs and body, so that she could not wear the same sleeves to her dress. She showed a cloak which could not button on her on the 1st Jan., but which could now be overlapped four and a half inches. She had improved in general health so much that, instead of being an hysterical and broken-down invalid, she was now able to walk long distances and enjoy life. Since seven years she had been suffering with the usual symptoms of the tumor, among others, menstruating twice in every month, but they were all relieved in one month, and she was symptomatically cured by Apostoli's method in two months. Tumor was reduced more than one-third.

Dr. Buller exhibited an exostosis of the ear which measured ten millimeters in width and eleven in length, and which he removed by the aid of a fine steel wire snare.

Dr. Roddick showed a specimen of intussusception in the neighborhood of the ileo cœcal valve, which had been removed post-mortem by Dr. Munro of Newington. The vermiform appendix was involved in the strangulation.

Dr. Roddick remarked that this would have been a suitable case for operative treatment.

Dr. Lafleur showed a specimen of spina bifida which had been sent to him by Dr. Decow. The foetus was also hydrocephalic. There was no dura mater over the spinal tumor, which was only covered by arachnoid and skin. The pelvic development had been arrested as there were no acetabulæ and there was talipes in both feet.

Dr. Decow stated that there had been no history of fright and the family history was all right. This child was the seventh. As the spina bifida presented, it appeared at first like a head presentation. Perforation was not required although considerable traction was necessaay to effect delivery.

A committee was appointed to make a careful dissection of it and to report at the next meeting.

Dr. Trenholme exhibited a specimen of extra-uterine fœtation occurring in the practice of Dr. Stewart.

Mrs. West, of Melbourne, mother of two children, youngest 2½ years old, was attended by Drs. Stewart and Webber, of Richmond, for pain and vaginal discharges. She was supposed to be pregnant since June, and on 22nd Dec. she was taken with labor pains. But examination showed no signs of dilation of os. Fœtal heart could be heard below level of umbilicus. An opiate was administered, and the doctor was not again sent for until 18th Feb. Os still closed, but fœtal heart had ceased to beat. The sound showed the uterus to be displaced, 3½ inches in depth, and empty.

Diagnosis of extra-uterine fœtation was therefore made. Dr. Trenholme was sent for 27 Feb., and the diagnosis being confirmed, an exploratory incision was decided upon.

On reaching the peritoneal cavity, the posterior layer of peritoneum covered the tumor, which had no sign of a pedicle. The tumor was then incised at its most prominent point, and the fœtus which occupied the left iliac fossa was extracted; the umbilical cord extending to the right iliac fossa, when the placenta seemed to be situated in the right broad ligament.

The cavity was cleared out, carefully sponged, and the lines of incision brought together with sutures, and a piece of antiseptic gauze was left for drainage. The subsequent history of the case was very satisfactory until Saturday, 2nd March, the fourth day after operation, when the patiént suddenly collapsed, and died.

Dr. Trenholme said that the most interesting feature of the case was the situation of the fœtus which laid between the folds of the left broad ligament, while the placenta laid in the right side of the pelvic cavity. There were no adhesions anywhere between the tumor which was entirely outside of the pelvic cavity. In opening it he had to cut through fully 3-16 of solid tissue resembling the uterus and which he thought must have been muscular tissue developed from the broad ligament. He thought at first that he must have cut into a uterus, but on careful examination the uterus and ovaries were clearly felt in the hand lying below the tumor, the uterus being only slightly larger than normal. On opening the tumor about two quarts of liquor amnii escaped and the feet of the fœtus presented.

Dr. Armstrong said that it reminded him of a case which came to him at about six months' pregnancy with false labor pains. As the child was lying transversely and high up in the abdomen, and the sound showed that the uterus was empty, he felt pretty sure that he had a case of extra-uterine fœtation. He kept her

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under observation at the Western Hospital, where, about two months later, labor came on and there was a discharge of liquor amnii. As the os did not dilate, it was artificially dilated, when the uterus proved to be empty, but an opening was found at the left horn through which eventually the child was born. The latter died, but the mother made a good recovery.

Dr. Lapthorn Smith said that Dr. Armstrong's case was precisely the same as one reported by Dr. Rodger some years ago. He wished to ask three questions:

What was the amount of hemorrhage?

How many minutes was the patient under the influence of the anæsthetic?

Were there any symptoms of peritonitis?

He also wished to ask a question which he did not think that anyone could answer: How could an impregnated ovum get out of the peritoneal cavity unless by breaking through the fallopian tube at the hilum of the broad ligament? In this case it must at first have been a tubal pregnancy, which had gradually separated the folds of the peritoneum.

Dr. Gardner adopted the view of Dr. Lapthorn Smith, which was also the opinion of Lawson Tait, in all cases of ectopic gestation, that it was due to the rupture of a tubal pregnancy. He thought that it would have been better to have left the placenta for some time to become gradually detached, and thus avoid the serious bleeding which Dr. Trenholme must have had. He also thought that a glass drainage tube would have been more satisfactory than the antiseptic gauze.

Dr. George Ross asked whether Dr. Trenholme had any proof that his case was not a similar one to that of Dr. Ross and that of Dr. Rodger? The reason why he asked this question was because he had read the report of a case occurring to no less an authority than Goodell, in which the latter had been so sure that he had to deal with a case of extra uterine fœtation that a notice of the operation was posted for a certain day. But when the class met for the purpose of witnessing it, he was obliged to inform them that the patient had delivered herself the night before.

Dr. Trenholme replied that he knew that this was not a case of mural pregnancy. 1st. Because delivery had not come on although the child had been dead nearly a month. 2nd. Because the sound would have gone in to the handle instead of three inches. 3rd. Because he had held the perfectly normal uterus in his hand after the operation, which latter was conclusive.

In reply to Dr. Lapthorn Smith, he said that although there had been a large amount of venous oozing there had been very little arterial hemorrhage, and the anæsthesia lasted exactly 45 minutes. He could not explain how the ovum got out of the peritoneum.

Dr. Trenholme also exhibited a large fibroid tumor which he had removed nearly a week ago from a lady who had been sent to him with a supposed ovarian tumor. There were no adhesions and the growth was easily lifted out of the abdomen, and a hempen snare was passed around the pedicle in order to control the hemorrhage, which it did effectually. The tumor had grown from the left cornu of the uterus. He sutured the pedicle at the lower angle of the of the wound and left the snare on so that he might control any after bleeding. About three hours after the operation bleeding did come on, but it was easily controled by tightening the ligature. The patient is doing well, her pulse this seventh day being only 90 and her temperature 100.

Dr. Gardner said he preferred in these cases to place a rubber band around the cervix and transfix it with pins, and then to remove the uterus and all together.

Progress of Science.

SULPHONAL IN THE NIGHT SWEATS OF PHTHISIS.

Dr. A. Martin recommends sulphonal in the night sweats of phthisis. He gives it in doses of seven and one-half grains taken before going to bed. He says it has proved very helpful, securing a quiet natural sleep lasting from four to six hours.—*Wiener med. Presse*, July 22, 1888.

PAINLESS TOOTH EXTRACTION.

Drs. Hénoque and Frédel, in a communication made to the Biographical Society of Paris, state that the extraction of a tooth may be rendered painless by spraying the neighborhood of the external ear with ether. The anæsthesia of the trigeminus so produced extends to the dental nerves, and thus renders the production of general anæsthesia needless.—*Med. Record.*

THE PHILADELPHIA COUNTY MEDICAL SOCIETY.

The members of the Philadelphia County Medical Society are informed that any member who has an appointment to read a paper before the Society will have it set up in type and two galley-proofs furnished him on or before the day of the meeting, provided his copy is placed in the hands of the Editor of the Transactions at least a week before the time it is to be read. This regulation must prove of great convenience to the authors of papers.—*Ed. Med. and Surg. Reporter.*

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PHOTOGRAPHY OF THE MALE BLADDER.

We hear that Mr. Hurry Fenwick, and Mr. Pearson Cooper of the London Camera Club, have been working for some considerable time at photography of the human bladder. Various obstacles were in turn recognized and overcome, and they have now so far perfected their vesical camera and method as to obtain good negatives of the interior of "dummy" and dead bladders. They hope before very long to describe a method of recording the appearances and progress of diseases of the living bladder. The negatives are taken *per urethram* through a tube of 23 French calibre (11 or 12 English).—*Brit. Med. Jour.*

TREATMENT OF ASCITES BY FARADIZATION.

The treatment of ascites by faradization was recommended by Tripier in 1861, but Solfanelli, in 1866, was the first to report a favorable result from such treatment. The case was one of cirrhosis of the liver, and every means had been tried in vain to effect the removal of the fluid by increased diuresis. An increased excretion of urine was noted after the first application of electricity, and after four séances the ascites had entirely disappeared. As the casual hepatic condition remained unchanged, however, the fluid quickly reaccumulated. Dr. Muret has recently reported two cases of ascites, one following tubercular peritonitis and the other an enlarged spleen. In both cases a complete, though temporary, disappearance of the ascites was obtained by faradization.—*Der Fortschritt*, No. xx, 1888.

EXTERNAL APPLICATION OF CHLORAL HYDRATE.

Dr. Nicolai (*Gazette Médicale*) has obtained very favorable results from the use of chloral hydrate in the night-sweats of phthisis. Every night before retiring the entire body of the patient was sponged with the following:

℞—Chloral hydrate..... ʒ ij.
Alcohol } .... āā ʒiij—M.
Water }

Should this not suffice, the patient's night-dress is saturated with this solution, then allowed to dry, and worn.

This mode of treatment also gave excellent results in the night-sweats of children the result of phthisis. Two or three of these spongings will generally suffice to check a sweating which has persisted for two or three weeks.—*Bull. Thérapeutique*, December 13th, 1888.—*Med. News.*

A COMPLAINT FROM CONTINENTAL EUROPE.

That the benefits of dispensary and clinical practice are enjoyed abroad, as well as at home, by those who are well able to pay for medical advice, is evident from a recent article in the *Bulletin Médical*, which states that even rich people are treated at the polyclinics in some of the French cities. This seems to be a general complaint with the Lyons doctors, who expect fees from the rich in order that they may not be obliged to impoverish themselves and their families through the exacting calls made upon them by the large number of poor operatives in Lyons. Again, the complaint is made that the polyclinics are so filled up with persons in easy circumstances that the poor people—for whom they were created—have little chance. It appears that these well-to-do persons are not at all particular about disrobing before a hundred students, provided they can save a dollar by so doing. The poor often show great delicacy in this respect, but give way to the force of circumstances. Polyclinics other than those of Lyons suffer from similar abuses.—*Ed. Col. and Clin. Record.*

HILL CLIMBING FOR HEART-DISEASE.

At the Seventh Congress for Internal Medicine, held this year at Wiesbaden, an animated discussion took place on Oertel's treatment of chronic diseases of the heart by diet and exercise. Briefly stated, Oertel's aim is to strengthen the heart-muscle by a course of heart-athletics—*e. g.*, hill-climbing, the steepness of the paths being carefully graduated to suit the condition of the patients. In addition, he endeavors to lighten the work of the heart by limiting the amount of fluids supplied to the system and promoting their elimination. He puts great stress on the amelioration of the watery condition of the blood as being an important item in the treatment. In compensatory hypertrophy and dilatation, in acute diseases of the heart-muscle following on sclerosis of the coronary arteries or hæmorrhagic infarct, in myomalacia, and in cases of aneurism of the heart, the "dietetic-mechanic" method is contra-indicated. In conclusion, Oertel gives the result of three years of his method at Meran, Ischl, Reichenhall, Liebenstein, Abbazia, Baden-Baden, Kreuth, and Wildbad. The results are necessarily valuable, independently of all theories, and are as follows: 1. In cases of fatty heart in elderly people, where there is no perceptible sclerosis of the coronary arteries, and where there is serious plethora, turgid veins, and frequently œdema, the results have been decidedly favorable. 2. Re-establishment of lost compensation and compensatory hypertrophy in valvular lesions, and in impediments of the pulmonary circulation due to diseases of the spinal column.

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3. Recovery of the heart-muscle from extensive dilatation (in so far as non-compensatory following weakness of the heart-muscle, and when caused by heightened intra-cardial blood pressure due to valve lesions.) 4. The best possible balance restored between the arterial and ven ous systems, decrease of the cyanosis, of the plethora of serum, and of the watery and even œdematous condition of the tissues. 5. Abatement and complete disappearance of the respiratory disturbances.—*Medical Chronicle*, September, 1888.

BUTYL-CHLORAL IN TRIGEMINAL NEURALGIA.

There are only a few remedies which exercise their action upon one nerve alone. According to Liebreich (*Therapeutische Monatshefte*, Nov. 1888) butyl-chloral is one of these; in doses of from 15 to 45 grains it produces anæsthesia of the trigeminal nerve. Liebreich has convinced himself of this in tic douloureux. Unfortunately it is not lasting in its effect, and large doses produce sleep. It is very serviceable, however, in neuralgia of the trigeminus in which the pain is not chronic. Rheumatic face-ache, pains occasioned by injury, toothache, either from an inflammation of the pulp or from periostitis, may be obviated by the use of butyl-chloral. He has used butyl-chloral with much satisfaction also in cases in which at the beginning the the filling of a tooth has exerted painful pressure.

The drug is disagreeable in taste and difficultly soluble. The following prescription for its use is suggested:

Butyl-chloral . . .	gr. xxx-lxxv
Spiritus vini rectificat . .	♏cl
Glycerini	f℥v
Aquæ destil	f℥iii℥vi

M. Sig. Take three or four tablespoonfuls at once.

The size of the doses is to be regulated by the intensity of the pain and by the condition of each individual patient.—*Wiener med. Presse*, Nov. 25, 1888.

NEW METHOD OF TREATING DIPHTHERIA.

Hoyer defines his views on the nature of diphtheria and describes his method of treating it. Considering it to be a disease produced by a micro-organism invading a tonsil whose epithelium is lost, he devotes his attention to the prevention of this invasion, or to the destruction of the bacteria which have already attacked the tonsil. For this purpose he paints the tonsils with a solution of thirty parts of gallic acid, sixty parts of distilled water, and ten parts of glycerine. A brush of fine bristles is employed and considerable pressure exercised against the diphtheritic membrane. He carries out this procedure three times in succession, repeats it every six or eight hours, and continues the treatment until the diphtheritic membrane has disappeared. He prescribes also a gargle of one part of chlorine water and three parts of distilled water to be used several times between the application to the throat. The same mixture is to be injected into the nose in case of malignant diphtheria. Persons who are in attendance upon patients with the disease should also use a gargle of the same nature. The author declares that he cannot say sufficient in praise of gallic acid for the purpose indicated. It renders the putrefactive bacteria innocuous, hinders their growth and increase, by its astringent action on the tonsils protects against their absorption, and by the same action loosens the deposition upon them. It is also entirely uninjurious to the patients.—*Med. Waif.*

ACCIDENTAL RASHES IN TYPHOID FEVER.

In a paper upon this subject read before the Section of Medicine of the Royal Academy of Medicine in Ireland, Dr. John William Moore sums up his conclusions as follows:—

1. Not infrequently, in the course of typhoid fever, an adventitious eruption occurs, either miliary, urticarious, or erythematous.

2. When this happens, a wrong diagnosis of typhus, measles, or scarlatina respectively may be made, if account is not taken of the other objective and subjective symptoms of these diseases.

3. The erythematous rash is the most puzzling of all; but the prodromata of scarlet fever are absent, nor is the typical course of that disease observed.

4. This erythema scarlatiniforme is most likely to show itself at the end of the first, or in the third, week of typhoid fever.

5. In the former case, it probably depends on a reactive inhibition of the vaso-motor system of nerves; in the latter, on septicæmia, or secondary blood-poisoning; or both these causes may be present together.

6. The cases in which this rash appears are often severe; but its development is important rather from a diagnostic than from a prognostic point of view.

7. Hence, no special line of treatment is required beyond that already employed for the safe conduct of the patient through the fever.—*Dublin Journal of Medical Science*. December 1888.—*Medical News.*

EXPULSION OF FOREIGN BODIES FROM THE ALIMENTARY CANAL.

It is now well understood that very many foreign bodies which have been swallowed will pass through the alimentary canal without giving

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rise to disturbance, if they are left to nature, and especially if a full vegetable diet is recommended and the use of purgatives is avoided. But it remained for Dr. Cameron, of Glasgow, to propose, for the management of cases of this sort, a formal method which is called the "potato-cure." It consists simply in getting the patient to eat large quantities of potato, which are expected to surround the foreign body and conduct it innocently through the intestines. This plan has worked admirably in a number of cases, and many foreign bodies, both sharp and of irregular form, have been successfully expelled from the alimentary canal under its working.

The subject was brought before the Royal-Imperial Society of Physicians of Vienna, January 11, 1889, and Dr. Cameron's method was warmly endorsed by several distinguished men who had tried it. The general opinion was that it might often obviate the necessity for laparotomy; and a case was reported by Dr. Hochenegg, in which by this means a foreign body had been removed in nine days precisely similar to one which had been removed by laparotomy by Prof. Albert four or five years before.

Such a showing certainly justifies calling attention to this method, although—as stated above—its underlying principles are well enough understood by most medical men.—*Ed. Med. and Surg. Reporter.*

THE DYSPEPSIA OF PHTHISIS.

Ed. Maryland Med. Jour., November 17 :—Few text-books and writers on the practice of medicine pay much attention to the dyspepsia accompanying pulmonary consumption; and yet it is so prominent in many cases as to almost mask the fatal disease. Perhaps there is a comfort in the fact that the consumptive thinks he has a dyspepsia, and is not conscious of his real trouble. In fact, in this hopeful disease (for consumptives are notably hopeful), the stomach symptoms are the only ones complained of in many cases; and, indeed, if we can carefully regulate the diet and help on the disordered digestion, we do much more good than in attempting to give tonic and cough medicines, which are often attended with no possible effect.

It is not easy to lay down general rules for all such cases, but the best way in severe cases is to stop all solid food and try a milk diet. Give uniform small quantities frequently repeated, and let the patient feel a little hunger to stimulate the sluggish secretion of the gastric juice, a small quantity of whiskey; or if this is objected to, one of the bitter tonics may be given about three or four times a day, from fifteen to thirty minutes before eating. In case of pain during digestion the milk may be peptonized, but this is not always advisable, as the unpleasant taste is apt to cause an aversion to milk and thus interfere with the important food. A good domestic remedy, which has often proved very effective, is a preparation of sherry and rennet before each meal. Small doses of bismuth and calomel after meals relieve the distress and keep the bowels regular. As the digestion becomes stronger the menu may be enlarged and the drugs cut off, until the patient is able to take a ferruginous tonic. This treatment (like all methods of treatment—not new) in pulmonary consumption, when dyspepsia is a prominent symptom, has met with sufficient success in some cases to deserve recommendation, and has been the means of prolonging life.—*Epitome.*

IMPOSING ON A PHYSICIAN.

It is almost incredible, but what was printed as a joke in the *Reporter* some months ago has been actually put in practice in France. According to the *Gazette Hebdomadaire*, Feb. 1, 1889, a physician in a town in France was called up from his bed on a stormy winter night and implored by a peasant to come to see his child, who was suffering with an affection of the throat which threatened strangulation.

To the hesitation of the doctor to go a distance of five or six miles, he replied that he had come all the way on foot, and it was not too much to ask the doctor to go to such a desperate case. Reluctantly the doctor yielded to his sense of duty, had his carriage made ready, and then, taking his summoner with him, drove to a little village six miles away to see the patient. Arrived here, he gained access to the house with difficulty and found a child with no appearance of illness whatever. The father professed great astonishment, and protested that when he left the child it appeared about to die. With thanks to the doctor, and imitation of the symptoms of the child at an earlier hour, he allowed the physician to make his way home.

A few days later the doctor learned that just before he called him, the man had been on a drinking bout, and had made a bet with a companion that he would not walk home. He won his bet at the expense of the doctor.

It is hard to believe a story of this kind, and yet it is not absolutely beyond belief. The correspondent who communicates it to the *Gazette Hebdomadaire*, couples it with another, to indicate the trials which may meet a physician in the discharge of his duty, and asks what can be done to punish those who could thus impose on the sense of duty and humanity of physicians? Some punishment a wretch of this kind ought to have; but he might better receive it from his fellows than from anyone else, for they would probably find whom the trick hurt most the next time one of them really needed medical aid at night.

The story is mainly interesting as showing that the experience of physicians is pretty much

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PARVULES OF CALOMEL, 1-20. (Warner & Co.)

Med. Prop.—Alterative, Purgative.

Dose.—1 to 2 every hour. Two Parvules of Calomel, taken every hour, until five or six doses are administered (which will comprise but half a grain), produce an activity of the liver which will be followed by bilious dejections and beneficial effects, that twenty grains of Blue Mass or ten grains of Calomel rarely cause, and sickness of the stomach does not usually follow.

PARVULES OF CALOMEL AND IPECAC. (Warner & Co.)

℞. Calomel, 1-10 gr. Ipecac, 1-10 gr.

Med. Prop.—Alterative, Purgative.

Dose.—1 to 2 every hour. Two Parvules of Calomel and Ipecac, taken every hour until five or six doses are administered (which will comprise but a grain of Calomel), produce an activity of the liver, which will be followed by bilious dejections and beneficial effects, that twenty grains of Blue Mass or ten grains of Calomel rarely cause, sickness of the stomach does not usually follow.

PARVULES OF ALOIN, 1-10. (Warner & Co.)

Med. Prop.—A most desirable Cathartic.

The most useful application of this Parvule is in periodic irregularities—Dysmenorrhœa and Amenorrhœa. They should be given in doses of one or two every evening at and about the expected time.

Dose.—4 to 6 at once. This number of Parvules, taken at any time, will be found to exert an easy, prompt, and ample cathartic effect, unattended with nausea, and in all respects furnishing the most aperient and cathartic preparation in use. For habitual constipation, they replace, when taken in single parvules, the various medicated waters, avoiding the quantity required by the latter as a dose, which fills the stomach and deranges the digestive organs.

PARVULES OF PODOPHYLLIN, 1-40. (Warner & Co.)

Med. Prop.—Cathartic, Cholagogue.

Two Parvules of Podophyllin, administered three times a day will re-establish and regulate the peristaltic action and relieve habitual constipation, add tone to the liver, and invigorate the digestive functions.

PARVULES OF ARSENIT: POTASH, 1-100. (Warner & Co.)

This Parvule will be of great use to physicians, as two Parvules represent the equivalent of one drop of **Fowler's Solution**, so that physicians can regulate the dose by giving one or more Parvules every hour.

PARVULES OF CORROSIVE SUBLIMATE, 1-100. (Warner & Co.)

Dr, Ringer, in his treatise, lays great stress upon the efficacy of minimum doses of corrosive sublimate in the treatment of Diarrhœa, whether the stools contain blood or not.

PARVULES OF NUX VOMICA, 1-50. (Warner & Co.)

Nux Vomica, according to Ringer, is possessed of real curative powers for sick headache, accompanied with acute gastric catarrh, whether due to error in diet, constipation, or no apparent cause. He regards it, administered in small and frequently repeated doses. as useful in many disturbances of the gastric functions.

Please see that Pink Granules are not substituted, and thereby secure the full therapeutic effect.

A Treatise with extended list sent upon request.

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Index of Diseases Treated with Parvules.

THE dose of any Parvule will vary from one to four, according to age or the frequency of administration. For instance, one Parvule every hour, two every two hours, or three every three hours and so on, for adults. For children, one three times a day is the minimum dose.

It is claimed by many practitioners that small doses, frequently repeated, exert a more salutary effect.

Atonic Dyspepsia.
Parv. Nux. Vomica.....1-50 gr.

Bilious Conditions.
Parv. Calomel .....1-20 gr.

Bronchitis of Children.
Parv. Tartar Emetic.....1-100 gr.

Constipation.
Parv. Aloin .....1-10 gr.

Diarrhœa.
Parvules Corros. Sublimate .....1-100 gr.

Exanthematous Skin Diseases.
Parv. Iodide Arsenic.....1-100 gr.

Habitual Constipation.
Parv. Podophyllin.....1-40 gr.

Hydatic Uterine Growth.
Parv. Ergotine.....1-10 gr.

Incontinence of Urine.
Parv. Canthari .....1-50 gr.

Inflammatory Process.
Parv. Aconite.....1-20 gr.

Influenzas.
Parv. Iod. Arsenic.....1-100 gr.

Itching Skin Eruptions.
Parv. Iod. Arsenic.....1-100 gr.

Mucous Rectal Discharges.
Parv. Tannin .....1-10 gr.

Nausea.
Parv. Ipecac.....1-50 gr.

Retarded Menstruation.
Parv. Ergotine.....1-10 gr.

Scrofula.
Parv. Calomel, 1-20, and Aloin .....1-10 gr

Sick Headache.
Parv. Nux. Vom .....1-50 gr

Sickness of Pregnancy.
Parv. Belladonna.....1-20 gr.

Sluggish Bowels.
Parv. Podophyllin.....1-40 gr

Spermatorrhœa.
Parv. Phosph .....1-200 gr

Summer Diarrhœa.
Parv. Mercury with Chalk .....1-10 gr

Syphilis.
Parv. Calomel.....1-20 gr

Syphilitic Headache.
Parv. Cor. Subl .....1-100 gr

Torpidity of Liver.
Parv. Podophyllin.....1-40 gr

Uterine Hemorrhages.
Parv. Ergotine.....1-10 gr

Vesicular Emphysema.
Parv. Digitalis .....1-20 gr

CHICAGO, ILL., Oct. 18th, 1886.

BROMO SODA:—My attention has been called to your recent preparation entitled "Bromo Soda." It was, I believe first prepared by you partly at my suggestion. It consists of the Bromide of Sodium, and the Hydrobromate of Caffeine, in the proportion of thirty to one. It is designated, as I understand, not only to allay nervousness, but by means of the combination of the Caffeine with the Bromide, to counteract the depressing effect of the latter. I have carefully considered the separate and combined effects of these drugs, and can, as I do, heartily commend the preparation you have made and offer for the use of the medical profession. After a long and careful experience with various Bromides, in the treatment of those affections of the nervous system that embrace unhealthy exalted reflex excitability, and in general nervousness, I have arrived firmly at the conclusion, that the Bromide of Sodium is as valuable as any member of its class *as a Bromide*, and is greatly preferred as compared with the Bromide of Potassium, on account of the greater toxic or poisonous effect of Potassium salts upon the human organism, as compared with those in which sodium is the base. In the vast majority of cases in which the Bromides are used the vigor of nutrition is already lowered. It is, therefore, a matter of very considerable consequence to select that particular member of this important group of therapeutic agents that, while it secures the depressing or quieting effect desired, nevertheless exercises in the way of pernicious influence the least on the vigor of nutrition, or, in the other words, the reparative power of the body. I am thoroughly clear in my mind that the Bromide of Sodium should be substituted for the more commonly, and, as I may say almost universally, employed Bromide of Potassium. I feel so strongly in this matter, that I am more than willing to make this the occasion for stating clearly and at length, my views, with the hope that, for the benefit of the vast mass of nervous invalids, for whom these agents are prescribed, they may have the slight but decisive advantage that will result from the proposed change. If you shall be able to exert a favorable influence in effecting this through the manifold channels at your disposal—the change I feel certain ought to be made—you will confer a boon of no small degree upon nervous invalids.

Most respectfully yours,

To MESSRS. WM. R. WARNER & CO. J. S. JEWELL, M.D.

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had been subject to the disease for but eighteen months. The third case had been under observation only ten days at the time of the report, but progress was very satisfactory. Dr. Bower says he does not rely solely upon strophanthus, believing it necessary to observe the ordinary hygienic rules, and he also advises the use of tonics, and the application of galvanism.

Theoretically, the use of galvanism in these cases would appear to be of great value, but it is doubtful if it is often applied on the correct theory—that which is advanced by Dr. Poole—and explained in his paper published in this Journal more than a year ago. The theory advocated is, that by the use of electricity the nerve supplying the group of muscles, or the tissues affected is paralyzed, and as a consequence they contract, and possibly in cases of his kind the size of the smaller arteries is lessened, and in this way it contributes towards cutting off the supply of blood to the thyroid body.

Another remedy is of value from a theoretical standpoint, and its practicability has been demonstrated in securing the object sought to be obtained. We have reference here to ergot; but in order to obtain the best results, caution and judgment are required on the part of the attendant. In connection with strophanthus its importance cannot be over-estimated in the treatment of exophthalmic goitre, a most rebellious disease. Strophanthus, while acting upon the heart muscle, has but a limited effect upon the arterial system, and when supplemented by ergot, the experience of the writer warrants a favorable opinion of the plan suggested. The ergot should be given only at bed hour, the dose being from half a drachm to a drachm; but in exceptional cases, where it is desired to bring the patient more under the influence of the drug, this may be modified by distributing the same throughout the day, by dividing it into say, twelve or fifteen doses, an equal portion to be taken every hour. A favorable effect will generally be noted within a remarkably short time, and as soon as the circulation is brought under control, the use of a tonic, of which one of the many preparations of iron is the base, is indicated. With the elimination of exciting causes, this method may be counted upon as affording the best prospects of success. Please make a note of it.—*Medical Register.*

ALKALINISED CASCARA PREPARATIONS.

In view of the recent discussion on the activity of cascara preparations which have been rendered palatable by treatment with alkali, the following comments by Dr. John Irving, of Leytonstone, which we take from the *British Medical Journal*, are of interest, and apart from the notes give some hints which chemists may advantageously follow up. Dr. Irving calls attention to the repulsive looking mixture which the ordinary liquid extract forms with water, and states that this unsightliness may be entirely and satisfactorily obviated without the use of either glycerine or syrups. A very small quantity of liq. ammoniæ, B.P., dropped into the watery mixture will clear it to a bright ruby color, seen by transmitted light, the transparency of which is not altered by a flavoring agent such as tinct. aurantii, nor by a sweetner like saccharin:—

Ext, casc, sag liq..... .....*m*xxx.
Liq. ammoniæ .....gr. iij.
Tinct. aurantii..... .....*m*xv.
Liq. sacchar. (5 per cent).....q.s.
Aquæ ....ʒiss
M. Ft. haust.

Again, ammonia permits cascara to be dispensed with some preparations of iron, such as ferri et ammonii citras, the mixture, though dark in proportion to the amount of extract used, being a perfect solution:—

Ferri et ammon. citratis.....gr.xxx
Liq. ammoniæ .....*m*x.
Ext. cascar. sag. liq.....ʒss. to ʒj
Liq. saccharin..... .....q.s.
Aq. aromat. ad.....ʒvj.
M. Cap. unciam ter in die.

This combination is especially serviceable, with (or without) small doses of digitalis, where the heart is enfeebled and constipation exists, with tendency to œdema of the extremities; in such a case the liquid extract of cascara, given with the iron in regulated small doses three or four times a day, serves an obvious twofold purpose: (1) it counteracts the binding effect of iron in relieving the bowels, and (2) assists the circulation by removing excess of fluid. In a similar way cascara may be combined with liq. bismuthi et ammon. citratis in digestive derangements. Numerous other mixtures will doubtless suggest themselves; the only point to be kept in mind is that the medicine containing the cascara must be somewhat alkaline, and made so with ammonia [or, it has been suggested, with potash].—*Chemist and Druggist.*

ACCOUNTS RENDERED QUARTERLY.

There was a time when the services of physicians were not considered as an article of merchandise, with a fairly definite price, but rather as acts of benevolence and humanity, and then grateful patients signified their appreciation of these services by gifts in the nature of an honorarium. But this time has passed away, and now every medical man is compelled to keep accounts, and periodically to try to collect what he believes is due him by the unromantic method of sending out bills.

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No physician need be told how troublesome and often how disagreeable a part of his work this is. The question of what he shall charge is not rarely a trying one; for he cannot always figure out so many visits at a certain price and put this down on his bill. There are many circumstances which may compel him to make his charge less than he thinks it might properly be; and when he has fixed it, he is sometimes troubled to think it may be more—or, alas! less—than his debtor has estimated it at.

In addition to this source of distress there is the question as to the periods at which a physician shall render his accounts. In many parts of this country it has become a custom for physicians to send out bills every six months; and some men send out their bills only once a year. There are advantages in this plan for men of means and of large and lucrative practice; but it has very great disadvantages for the great majority of medical men. It is especially hard on physicians in the earlier years of their practice, because then they usually need speedy returns for their work, and treat a class of persons that requires pretty close watching. But almost all physicians lose by sending out bills only at long intervals. Patients treated with such indulgence sometimes become careless about paying, because from this very fact they imagine the doctor does not need money as they do, and some patients deliberately impose on their physicians as long as they can, and, when called upon to pay what they owe, simply transfer their patronage to someone else until his endurance is exhausted.

These and other reasons which will occur to our readers make it desirable that medical men should—except in rare cases—render bills more frequently than once or twice a year. The proper interval in most cases appears to be three months. This was the conclusion arrived at by the West Philadelphia Medical Society at a recent meeting, when the following was adopted:—

"Realizing that the time has arrived when, in order to keep pace with the increasing business sentiments of the world, it is necessary to insist more strongly on the strictly business aspect of our professional services; and, believing that this will be ensured by the rendering of our accounts more frequently than has been the general custom;

"It is resolved, that the West Philadelphia Medical Society deems it to the best interests of its members, and of the profession generally in West Philadelphia, that they shall render their accounts for services quarterly or more frequently, and hereby urges upon them concerted action in this matter, reserving to them discretion to make exceptions in cases in which they may deem it to their best interests or those of their fellow-practitioners."

We fully concur with the sentiment of this resolution, and believe it would be a good plan for physicians to render their accounts every three months. There are very few patients who would not approve of such a practice, and it would be a great advantage to medical men if it were generally carried out.—*Dr. Dallas, Ed. Med. Sur. Reporter.*

ABSOLUTE SIGNS OF DEATH.

There is something so appalling, even to the strongest mind and the bravest heart, in the idea of being buried alive, that so long as such a thing is possible there will be a continuous debate on the topic in all circles of the educated community. Dr. Richardson's essay differed from what has usually been said on the matter in the fact that it enumerated, from a long experience, the circumstances under which the practitioner may be called to determine whether or not life is extinct, as well as described the immediate tests that ought to be brought into play in order to prove that death is absolute. No less than ten distinct circumstances were assigned as being advanced by relatives of deceased persons on the question of suspended life, to which was added the expressed wish or direction of a person during his or her own life that a skilled examination should be carried out after assumed death, in order to prevent the possibility of interment while yet a spark of life should remain. With most of these circumstances calling for inquiry the profession is more or less familiar, but two were specified that are not generally recognized—namely, simulated death from narcotism caused by chloral, and the same simulation from what the author designated traumatic catalepsy, and the cataleptic insensibility from the shock of an electric discharge, or from lightning stroke, or from concussion. Two cases were cited illustrative of these conditions, both of which might be rendered in the text-books as new additions to the list of doubtful evidences of actual dissolution. Of the many tests or proofs of death enumerated by the author, there are also two that should be recorded not only as new, but as being exceedingly simple and at the same time strictly physiological in character. The first of these, which has originated with the reader of the paper, and which Sir William MacCormac, the president, commented on so favorably, is the wrist test, or that of putting a splint on the fore part of the wrist so as not to impede any current of blood which may be making its way through the radial and ulnar arteries, and then tying a fillet firmly round the wrist so as to compress the veins firmly on the back of the wrist. If the veins of the hand, under this test, show no sign of filling, the absence of any vital circulation may be declared certain; while, if they fill, the fact of a certain "low pressure" circulation may be assumed to be present, and therewith an

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indication of merely suspended life. The second test, new probably to most readers, is that to which the name of Montiverdi was attached as its discoverer, and which is called the ammonia-hypodermic test. In using this test the operator injects one hypodermic syringeful of strong solution of ammonia under the skin of the arm or some other convenient portion of the body. If the body be not dead, if there be the faintest circulation, the ammonia will produce on the skin, over the point where it was injected, a bright-red patch, on the surface of which raised red spots will appear; but if there be absolute death, there will be produced a brown dark blotch, which is definitely conclusive against any possible vitality. One addendum to the indication of putrefaction as a proof of death is also worthy of note. Putrefaction may be delayed by two causes; by coldness of the surrounding air, and by the introduction into the body before death of an antiseptic substance like alcohol; or by a combination of these two causes. In such instances it is the proper practice to force on, so to speak, the putrefactive change by raising the temperature of the room in which the body lies to summer heat, and by adding moisture to the air. This proceeding plays a double function; it affords the body the best chance of restoration if by chance the life is not extinct; and it gives the strongest evidence of death in the quick putrefaction it excites if death has veritably occurred.—*London Lancet.*

THERAPEUTIC BRIEFS.

From Col. and Clin. Record.

For Balanitis, *L'Union Médicale* suggests the following:—

℞. Morphinæ sulph.,	gr. v	
Bismuth. subnitrat.,	ʒj.	M.

Sprinkle the affected parts four times daily.

For Burns, a writer in *Centralblatt. für Therap.* suggests the following application:—

℞. Olei olivæ,	p. vj	
Salol,	p. j	
Aquæ calcis,	p. vj.	M.

For Constipation of Children, a writer in *L'Union Médicale* suggests the following:—

℞. Podophyllin,	gr. ¾	
Alcohol,	f ʒ iss	
Syrup. althææ,	f ʒ iv.	M.

Sig.—A teaspoonful once daily.

The standard Antiseptic Dressing in Paris now is, according to *Practice*:—

Iodoform	gm. iiss	
Oil of eucalyptus,	gm. xx	
Paraffine,	gm. l	
Vaseline,	gm. l,	M.

It is usually applied to ulcers.

The following formula is suggested as an application to warts, in a late issue of *L'Union Médicale:* Mercury protochloride, 15 grains; powdered boric acid, 7.50 grains; powdered salicylic acid, 2.50 grains. Mix, and apply three times daily.

For severe Itching about the Anus, the following is recommended in *Therap. Monats:*—

℞. Cocain, hydrochlorat.,		p. 1/10 to 1/5
Lanolin puriss.,		p. xxx
Vaseline,		
Ol. olivæ,	āā	p. xx. M.

Sig.—Apply locally.

According to *Med. Press*, a circular has been sent to all the Prussian army medical officers, advocating chromic acid as an economical and efficient means of checking excessive perspiration. In hyperidrosis of the feet the application of a ten per cent. solution, repeated every three or six weeks, is sufficient to prevent any inconvenience from this source.

According to Remsen, *Bulletin Général*, Oct. 15th, 1888, three rules are to be observed in the treatment of Diphtheria: 1. Saturate the inspired air with antiseptics. 2. Feed and tone the patient to the greatest possible degree. 3. Never touch the throat with any medicament, and give internally only alcohol and quinine. He claims that this treatment may be applied with facility, especially with children; and absorption is certain and rapid.

In those cases of constipation in infancy which do not recover under proper dietary management, Dr. Eustace Smith (*Med. Record*, Nov. 24th, 1888) recommends:—

℞. Tinct. nucis vomic.,		♏ss
Tinct. belladonnæ,		♏x
Infusi sennæ,		♏xx
Infusi calumbæ,	ad	f ʒj.

This may be given thrice a day at first. After a time, two doses will be enough; and before long, one dose at bedtime. An equally good or better prescription is—

℞. Tinct. nucis vomic.,		♏ss
Ext. cascaræ sagradæ liq.,		♏xx
Tinct. belladonnæ,		♏x
Inf. calumbæ,	ad	f ʒj.

The keynote is the combination of nux vomica with belladonna and some gentle laxative. Dr. Smith also recommends, where the motions are very dry, a saline aperient and

℞. Quiniæ sulph.,		gr. ¼
Acid. sulph. aromat.,		♏j
Tinct. nucis vomic.,		♏ss
Aquæ,	ad	f ʒj.

This for a child of six months,

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MONTREAL, MARCH, 1889.

A POLYCLINIC IN MONTREAL.

For some years past we have been cogitating on the subject of the above heading, but the time seems to have very nearly arrived for the launching of such an undertaking. Of its advantages to the profession of Canada there can be no doubt. Medical men engaged in constant practice have not time to devote to the thorough study of any of the branches of the healing art; if they manage to read one or two journals it is perhaps all they can do towards keeping themselves abreast of the times. In some districts there is not even a medical society where they might meet for the exchange of new ideas. But if there were a polyclinic in the city, we feel sure that a great many of them would come for a few weeks for physical rest and mental refreshment. It is true that there are already several very flourishing institutions of the kind in New York and Philadelphia, which are largely taken advantage of by Canadian practitioners, but there are many reasons why the latter would prefer to attend such a course in Montreal. First, the question of expense which must always be taken into account; Montreal is a much cheaper city to live in than New York, as well as being easier to get at. As the doctor would probably like to bring his wife and daughter for a short holiday, and to do their shopping while he is attending the clinics, the very moderate price of board here becomes a great attraction.

Then again, the majority of the profession throughout the country are not strangers to the teachers of the city, and instead of going a stranger to an American city he would be coming here among friends very often to renew the pleasant relations between professor and student of his younger days, with the difference that he would return as a brother practitioner.

By arranging the days and the hours of clinics, tramping about from one hospital to the other could be avoided; thus Monday might be made a field day at the General, Tuesday at the Hotel Dieu, Wednesday at the Western, Thursday at the Notre Dame and so on, all the staff of each hospital who were in the Polyclinic arranging to give their demonstrations on that particular day.

It would be necessary to ascertain what season of the year would be best suited for the convenience of the country practitioners, and we should be glad to hear from them on this point.

It should be the endeavor of those who organize the Polyclinic to do so on a broad and liberal basis, not limiting the teachers to any clique or section but rather to interest in it as many as possible of the teachers of the four medical faculties of the city. The distribution of fees among the teachers should be based on the actual number of clinical lectures given by each.

Although much more might be said on the subject, we think the above remarks are sufficient to give the movement a start.

THE PROTECTION OF QUACKS.

We can never forget the words we heard regularly every Sunday many years ago in a little Scotch church, when the minister was praying for the authorities: "May they not wear the sword of justice in vain; may they be a terror to evil doers and a

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